



Wyoming Department of Agriculture
Technical Services Division
2219 Carey Avenue
Cheyenne, WY 82002-0100
Phone: 307-777-7324 Fax: 307-777-6593

Registered Service-Person Application for Year: 20 _____

(Please Print)

NAME: _____ **HOME PHONE:** _____

HOME ADDRESS: _____
Mailing Address City State Zip

COMPANY REPRESENTED: _____

COMPANY ADDRESS: _____
Mailing Address City State Zip

COMPANY PHONE: _____ **COMPANY FAX:** _____

NEW APPLICATION? Y _____ N _____ **CURRENT WY REGISTRATION #** _____

INDICATE NUMBER OF YEARS OF EXPERIENCE AS A SERVICE TECHNICIAN: _____

IF REGISTERED IN OTHER STATES, PLEASE INDICATE WHICH: _____

ARE YOU A CURRENT MEMBER OF THE NAT. CONFERENCE ON WTS. & MEASURES? Y _____ N _____

DO YOU HAVE A CURRENT HANDBOOK-44? Y _____ N _____

SCALES

- _____ Class A - Scales 0 - 50 lbs cap.
- _____ Class B - Scales 51 - 500 lbs cap.
- _____ Class C - Scales 501 - 10,000 lbs cap.
- _____ Class D - Scales 10,001 to 80,000 lbs cap.
- _____ Class E - Scales 80,001 lbs +
- _____ Class F - In Motion Scales (RR, Track, Belt)

PUMPS/METERS

- _____ Class G - Liquid Meas. Devices up to 20 GPM
- _____ Class H - Liquid Meas. Devices over 20 GPM
- _____ Class H - Vehicle Tank Meters
- _____ Class I - LPG Meters

TEST EQUIPMENT AVAILABLE: _____

YEAR CALIBRATED AND BY WHICH STATE: _____ - _____ **Please attach copy of certification.**

I hereby agree that if this application is approved and the Registration granted, that I will not knowingly place into service any device that does not meet all of the requirements of the Wyoming Department of Agriculture, Technical Services Division, including the National Institute of Standards and Technology Handbook 44. I agree to submit my testing equipment to a certified Weights and Measures Laboratory for approval upon request. I will notify the Technical Services Division when I Place in Service any device that has been repaired or is being Placed in Service for the first time, including both new and used devices, by sending a completed Placing in Service Report and copy of test results within 24 hours to the address printed above. I understand that the Director of Agriculture may cancel my Registration Certificate for just cause pursuant to the Registration of Weighing and Measuring Device Servicemen rules and regulations of the Wyoming Department of Agriculture.

Applicant Signature

Date

Complete the following if the applicant is not self-employed: I verify that I am the employer/manager of the above referenced applicant and am able to verify that the applicant is experienced in and capable of installing and repairing commercial weights and measures equipment.

Registered Service Company Employer/Manager - Signature

Date

Wyoming Department of Agriculture Approval

Date